Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Manifest 2. Page 1 Information in the shaded areas Generator's US EPA ID No. UNIFORM HAZARDOUS is not required by Federal Document No. **WASTE MANIFEST** D 0 8 6 5 1 6 0 0 Generator's Name and Mailing Address A.State Manifest Document Number Douglas Aircraft 84924234 190th & Normandie B.State Generator's ID Torrance, CA 90502 Generator's Phone (213 533-6677 6. C.State Transporter's ID Transporter 1 Company Name US EPA ID Number D.Transporter's Phone 05801836 <u>J. C. Liquid Waste Disposal</u> E.State Transporter's 1613 US EPA ID Number Transporter 2 Company Name F.Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G.State Facility's ID 10. Triple J H.Facility's Phone 3650 E. 26th St. 0.8.0.0.3.3.6.8 Vernon, CA 14. Unit 12.Containers 13. 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Total Quantity Waste No. No. Type Wt/Vo G a. Ε 001 05000 221 NA9189 TT Hazardous Waste Liquid NOS N E R A b. T 0 C. d. K.Handling Codes for Wastes Listed Above Additional Descriptions for Materials Listed Above Bio-Degradable Coolant 10% Tramp 011 2% Water 88315. Special Handling Instructions and Additional Information Guide #31 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Printed/Typed Name Month Day Year Signature Donald C. Gerber 2 1/2 86 Date 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Printed/Typed Name Signature M-31/3 18. Transporter 2 Acknowledgement of Receipt of Materials Date Printed/Typed Name Signature Month Day Year 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date Month Day Year Printed/Typed Name Signature

(EPA 8700-22)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

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